



# EMSC/CHILD READY CONNECTION Newsletter

OCTOBER 2013 VOLUME 1, ISSUE 7



## A word from the EMSC Program Manager:

### Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.



We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.

**THE RIGHT CARE AT THE RIGHT PLACE  
AT THE RIGHT TIME  
WITH THE RIGHT RESOURCES!**

Exciting news and events are going on this month.

**See What's New!**



**PREHOSPITAL EMSC  
ASSESSMENT OPENS!**



**TRIVIA- ANSWER AND WIN PRIZES**



**WIN A NEW 2011A  
BROSELOW TAPE**

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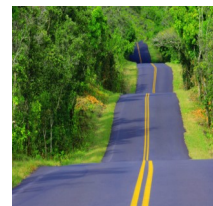


## OCTOBER IS A BUSY MONTH: AWARENESS GALORE!

**DOWN SYNDROME AWARENESS MONTH:** Every day is a chance to promote awareness and advocating for all children to be included in school and community activities, highlighting their talents, giving them opportunities to show just how much they have to share. The calendar, however, provides us with one month during the year when we can really step up those efforts.

[http://www.nads.org/pages\\_new/news/ds\\_awareness\\_month.html](http://www.nads.org/pages_new/news/ds_awareness_month.html)

**DRIVE SAFELY TO WORK WEEK** Motor vehicle crashes are the leading cause of work-related death in the United States. Risk of work-related motor vehicle crashes cuts across all industries and occupations. Many workers spend a substantial part of the work day driving a vehicle owned or leased by their employer, or a personal vehicle. Drive Safely Work Week is sponsored by [Network of Employers for Traffic Safety \(NETS\)](#), an employer-led public/private partnership of which NIOSH is a member, reminds us all to practice and promote safe driving for all workers and their families.



**HEALTH LITERACY AWARENESS MONTH:** "Be a Health Literacy Hero." It's about taking action and finding ways to improve how we communicate health information. Health Literacy Heroes can be individuals, teams, or organizations. What they have in common is finding health literacy problems and then acting to solve them. <http://www.healthliteracymonth.org/>.

**OCTOBER 7th, 2013-CHILD HEALTH DAY:** helps spark or increase people's awareness of ways to minimize or alleviate health problems that children may face. The day focuses on a range of child health issues such as prenatal care, adolescent health, the impact of daycare on a child's development, preventing injuries, healthy eating and lifestyle choices, and immunization. As part of the annual Presidential Proclamation for the day, all agencies and organizations interested in child welfare are invited to unite to observe, to stimulate or to increase awareness of the need for a year-round program to protect and develop children's health in the United States. <http://mchb.hrsa.gov/childhealthday/>



**SUDDEN INFANT DEATH SYNDROME AWARENESS MONTH:** Learn more about the problem and the risk factors and take action to reduce the risk. Start by always placing babies on their backs to sleep. <http://www.cdc.gov/features/sidsa><http://www.october15th.com/>

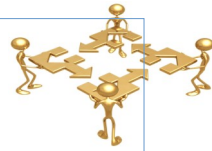


**PREGNANCY AND INFANT LOSS REMEMBRANCE DAY:** A day of remembrance for pregnancy loss and infant death, which includes but is not limited to, miscarriage, stillbirth, SIDS, or the death of an infant. The day is observed with remembrance ceremonies and candle-lighting vigils, concluding with the International Wave of Light, a worldwide lighting of candles at 7:00 p.m. [http://en.wikipedia.org/wiki/Pregnancy\\_and\\_Infant\\_Loss\\_Remembrance\\_Day](http://en.wikipedia.org/wiki/Pregnancy_and_Infant_Loss_Remembrance_Day)



**DOMESTIC VIOLENCE AWARENESS MONTH**, a time for the community to come together and build awareness and a movement towards safe and healthy relationships for all individuals and families. Domestic violence touches every person in our community and society as a whole; and violates a person's dignity, safety, and basic human rights. Stand up as a champion for survivors and join the movement for a safer and healthier community. <http://www.ncadv.org/takeaction/DomesticViolenceAwarenessMonth.php>

## FAMILY HEALTH MONTH = PRIME TIME FOR GUIDELINES FOR PROVIDING FAMILY-CENTERED CARE



Family-centered care is a dynamic approach to building collaborative relationships between health care professionals and families. Family-centered care assists in providing quality EMS care and promoting overall health and safety in the community and emphasizes the importance of communication and inclusion of the family as a member of the team: from incident site to prognosis and treatment. Comprehensive and effective emergency care of a child requires family involvement.

Family-centered care has the potential to decrease patient and family member anxiety and combativeness by giving family members something tangible to do, may decrease liability issues if parents are part of the decision-making process, and may help in getting consensus if the parents are aware of everything that is or has been done. Parents have noted that it was much easier to believe that the health care team had done their best when they were able to witness the care first hand.

**FAMILY COMMENTS:** Allowing families to be present during medical procedures serves as a source of comfort to children. In Maryland, a father whose toddler nearly drowned said, "I pulled him out of the pool and my mother did CPR. When we got to the hospital, they said I couldn't come into the room. I couldn't understand why. We had already been with him during the most difficult part. I could hear him screaming for me. He was frantic. I could have helped him, and the doctors, by calming my son so they could do their job better."

Another family's comment: "We stayed in the room during the attempts to resuscitate our son. There was no second-guessing. We knew how hard the team was working to save him."

**CULTURAL COMPETENCE** A set of values, behaviors, attitudes, and practices within a system that enables them to work effectively across cultures. This must be achieved through integration into the fabric of EMS rather than attempting to add it as a separate set of skills. Cultural competence begins with certain basic actions for all responders.

### *PRINCIPLES OF CULTURAL COMPETENCE:*



- ✓ Value diversity in families, staff, providers and communities;
- ✓ Have the capacity for cultural self-assessment;
- ✓ Be conscious of the dynamics inherent when cultures interact, e.g. families and providers;
- ✓ Institutionalize cultural knowledge;
- ✓ Develop adaptations to service delivery and partnership building reflecting an understanding of cultural diversity;
- ✓ Examine one's own attitude and values; and
- ✓ Acquire the values, knowledge, and skills for working in cross cultural situation.

**Remember that every one has a culture AND each and every hospital, school and business has a culture as well !!!!**

## FINDINGS FROM THE 2013 PEDIATRIC READINESS

### ASSESSMENT



ONLY **61%** OF MT HOSPITALS HAVE POLICIES FOR TRIAGE THAT SPECIFICALLY ADDRESS ILL OR INJURED CHILDREN

ONLY **31%** OF MT HOSPITALS HAVE HOSPITAL DISASTER PLANS THAT ADDRESS ISSUES SPECIFIC TO THE CARE OF CHILDREN

ONLY **65%** OF MT HOSPITALS HAVE DEVELOPMENT OF A PLAN FOR IMPROVEMENT IN PEDIATRIC EMERGENCY CARE

ONLY **37%** OF MT HOSPITALS HAVE POLICIES PROMOTING FAMILY-CENTERED CARE

ONLY **31%** HAVE POLICIES ADDRESSING DEATH OF A CHILD IN THE ED

ONLY **68%** HAVE INTERFACILITY GUIDELINES THAT INCLUDE A PLAN FOR THE PROVISION OF DIRECTIONS AND REFERRAL INSTITUTION INFORMATION FOR THE FAMILY.

**88% HAD A PLAN FOR TRANSFER OF PERSONAL BELONGINGS OF THE PATIENT**

**76% OF MT HOSPITAL OR MEDICAL FACILITY HAVE WRITTEN INTER-FACILITY GUIDELINE (S) THAT OUTLINE PROCEDURAL AND ADMINISTRATIVE POLICIES WITH OTHER HOSPITALS FOR THE TRANSFER OF PATIENTS OF ALL AGES INCLUDING CHILDREN IN NEED OF CARE NOT AVAILABLE AT LOCAL HOSPITAL**

**80% OF MT HOSPITALS HAVE A POLICY IN PLACE FOR CHILD MALTREATMENT**

**98% OF MT HOSPITALS HAVE ED STAFF TRAINED IN THE LOCATION OF ALL PEDIATRIC EQUIPMENT AND MEDICATIONS!**

### **IS YOUR EMERGENCY DEPARTMENT PEDIATRIC READY AND ABLE TO PROVIDE THE APPROPRIATE PEDIATRIC CARE TO ANY CRITICALLY INJURED OR ILL CHILD?**

Montana hospitals recently completed the 2013 PEDIATRIC READINESS ASSESSMENT to see how we compared with our peers.

Fifty-two (52) of 60 Montana hospitals responded to the assessment.

Montana scored 58 out of 100 (58%), which is below the national average score of 70% by participating hospitals.

Click on the link to learn more about the  
[\*\*MONTANA PEDIATRIC READINESS SUMMARY \(2013\).\*\*](#)





**DOMESTIC VIOLENCE** can happen to anyone of any race, age, sexual orientation, economic background, religion or gender. It can happen to couples who are married, living together or who are dating. People in abusive relationships may not even realize the negative effects they are experiencing. Abuse can be physical, sexual, emotional, economic or psychological and may involve threats of actions that influence another person. Domestic violence can have serious long-term effects on a child's physical and emotional development.

It is estimated that 3-4 million women are battered annually in the U.S. When the parent of a child is being abused, the child is also at greater risk for abuse than those children growing up in non-violent homes. In homes where there is domestic violence, studies estimate the number of children at risk for exposure to family violence to be between 3.3 million and 10 million.

Domestic violence is a healthcare issue for many families, and it can be especially harmful to children who are vulnerable.

## **CHILDREN'S HEALTH AND DOMESTIC VIOLENCE:**

Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers. **They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.**

A recent study of low-income pre-school children in Michigan found that nearly half (46.7 percent) of the children in the study had been exposed to at least one incident of mild or severe violence in the family. Children who had been exposed to violence suffered symptoms of posttraumatic stress disorder, such as bed-wetting or nightmares, and **were at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches and flu.**

Fifty percent of men who frequently assault their wives frequently assault their children and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single **major precursor to child abuse and neglect fatalities in this country.**

## **PREGNANCY:**

**Domestic violence is the leading cause of injury and death for pregnant women.**

Up to 45 percent of adolescent mothers experience intimate-partner violence before, during or just after their pregnancy. Many pregnant women, who are victims of domestic violence, are at a greater risk for low-birth weight babies, premature births, high-risk pregnancies and even death.

**Women are particularly vulnerable to attacks when pregnant,** and thus may more often experience medical difficulties in their pregnancies. Recent research has called for increased study of pregnancy associated deaths. "Pregnancy associated deaths" are "deaths occurring to women who have been pregnant within the previous year."

A study conducted by researchers in Maryland of 247 pregnancy associated deaths found that the **leading cause of death was homicide.** The researchers have called for "enhanced surveillance" of pregnancy associated deaths and additional research focusing more specifically on the role of domestic violence. [http://www.futureswithoutviolence.org/userfiles/file/HealthCare/health\\_care.pdf](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/health_care.pdf)



# FATALITIES DUE TO INTIMATE PARTNER HOMICIDE IN MONTANA SINCE 2000\*

**112 deaths as of December 31, 2012 | 73 Intimate Partner Homicide events as of December 31, 2012.** Fatalities include primary victims, suicidal perpetrators, and children who died in 73 intimate partner homicide events

The fourth quarter of the year has become the most dangerous for victims. The months of October — December accounted for three of four deaths in 2011 and half of the deaths in 2012.

## TYPE OF DEATH

Homicide & Suicide . . . .48%

Homicide.....38%

Familicide . . . . .14% A type of murder or murder-suicide in which at least one spouse and one or more children are killed; or in which a parent or parents and possibly other relatives such as siblings and grandparents are killed.

## PERPETRATOR BY GENDER:

Female perpetrator . . . .27%

Male perpetrator . . . . .73%

## TYPE OF WEAPON USED:

Strangulation . . . . .4%

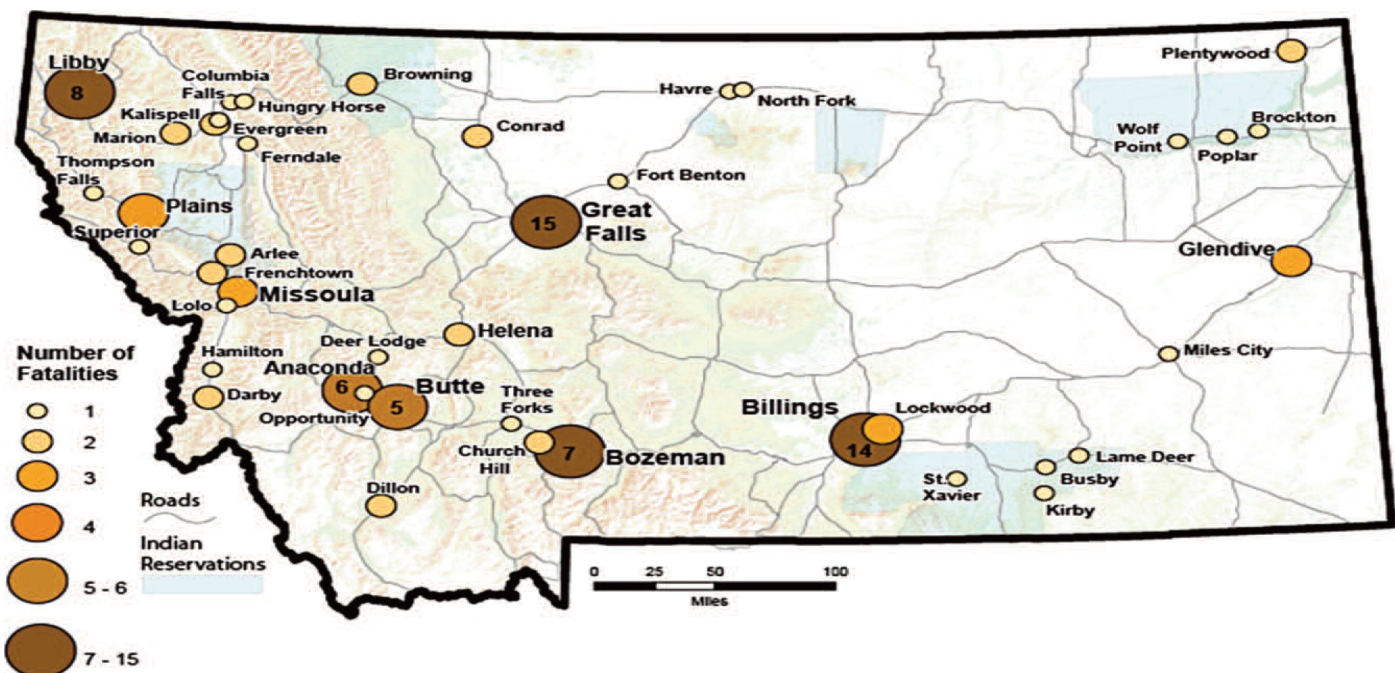
Knife . . . . .12%

Other\*\* . . . . .3% (run over, hanging, suffocation)

Beaten . . . . .4%

Firearm . . . . .78%.

Data source: Montana Department of Justice; Office of Victim Services





Montana was one of six states nationwide that was awarded a four year HRSA Grant for State Partnership for Regionalization of Care (SPROC.) The Grant funds will go toward a model of care that can be implemented and replicated across Montana and the Nation. The work is in partnership with St. Vincent's Healthcare in Billings. We have named the Project **Child Ready Montana**.

The **Child Ready Montana** Program is intended to develop an accountable, culturally component and assessable emergent care system for pediatric patients across the state of Montana, which will result in providing the right care, at the right time in the right place. This aim is extremely important in Montana and will impact not only the data but also the region as patients that are transported out and back into their communities.

The **Child Ready Montana** Program will work towards a model of care that can be implemented to make sure children are not mismanaged due to inadequate equipment or training during transport and children will not have to leave the state if appropriate provisions of care can be offered closer to home. Additionally with better preparation and process in place, our populations of focus may be served simply with a phone call or Telehealth consult between providers rather than transport saving precious time and keeping family support systems intact.

We will be conducting assessments utilizing Telehealth consults, mock simulations in Emergency Departments. We will also utilize the Pediatric Readiness Assessment/Survey results to assess the current barriers in treating pediatric emergent patients.

**Child Ready Montana** and the EMS for Children (EMSC) have combined their advisory councils. With the guidance from the advisory council, we will develop a plan based off the site assessments. We will continue to assess the Eastern side of the state and finish up by December. Assessments will continue in Central and Western Montana finishing in the summer of 2014.

**We will be contacting the Director of Nursing and Trauma Coordinators to set up the simulation “mock codes.”** If you have any questions please contact Kassie Runsabove at 406-238-6216 or

[Kassie.runsabove@sclhs.net](mailto:Kassie.runsabove@sclhs.net)



## OCTOBER - NATIONAL HEALTHY LUNG MONTH



**A little lung history...**Nearly 2,000 years ago, Claudius Galen, a Greek physician, wrote that the lung was an instrument of voice and respiration. He thought that the purpose of respiration was to cool the heart by "the substance of the air." His concept was that breathing in (inspiration) supplied a cooling substance to the heart while breathing out (expiration) removed hot material from it. At the end of the 16th century, a Dutch scientist, Fabricius, expressed the view that the function of the lungs was to prepare air for the heart.

Until the middle of the 17th century, the lungs were thought to be a solid, compact, fleshy mass. At that time Marcello Malphigi, Italian anatomist, and Thomas Willis, an English clinician, noted independently that the lungs were a system of canals made up of membranes, air passages, and blood vessels!. **During a normal day, we breathe nearly 25,000 times.**

The more than 10,000 liters of air we inhale is mostly oxygen and nitrogen. In addition, there are small amounts of other gases, floating bacteria, and viruses. It also contains the products of tobacco smoke, automobile exhaust, and other pollutants from the atmosphere in varying amounts.



# NEWS FLASH!!

### EMSC PRE-HOSPITAL ASSESSMENT IS NOW OPEN

We request your help in completing an important **statewide assessment** regarding the capabilities of your agency to treat ill or injured children (0-18 years).

The Assessment will take **15-20** minutes to complete. The assessment is conducted on a secure web-based system. We suggest that you review the hard copy (sent in September) of the assessment prior to accessing it on the web. This review will assist you in gathering any needed information before completing the assessment. Specifically, you will need to know or have accurate counts of the total number of your transporting ground vehicles (BLS and ALS) that carry each piece of nationally recommended pediatric equipment.

**To access the assessment, please go to [emscsurveys.org](https://emscsurveys.org) .**

Upon completion of the assessment, you will receive: A notification of completion. **Your answers will be kept confidential and will be combined with assessment results from other EMS agencies for reporting purposes.**

We greatly appreciate the effort put forth by you and others to complete this assessment. It is very important that we obtain data from each agency to ensure we have representative results and to understand considerations for improving emergency care for ill or injured children.

We would be happy to respond to any questions you have regarding the assessment via email or phone. Email [rsuzor@mt.gov](mailto:rsuzor@mt.gov).



## TRIVIA CONTEST:



First 3 to answer the questions wins a free 2011 A version of the Broselow Tape  
Email [rsuzor@mt.gov](mailto:rsuzor@mt.gov)

How many times a day do we normally breathe?

What percentage of MT hospitals have a policy for promoting family-centered care?

Name one of the Awareness Issues for October.

## CDC Emergency Responder Courses Online

The Centers for Disease Control and Prevention (CDC) offers access to courses online for public health, fire, EMS, law enforcement, and disaster management personnel. The TrainingFinder Real-time Affiliate Integrated Network (TRAIN) lists state or federal classes on a variety of topics: <https://cdc.train.org/DesktopShell.aspx>

Over 2,200 classroom or online courses are searchable by subject area, date, audience, credit type, etc. Emergency management and EMS have over 500 courses including Bioterrorism Agents, Alternative Standards of Care in Disasters, and individual classes on specific chemical, biological, and infectious diseases.

Course details such as availability, fees, credit or Continuing Education Units (CEUs), and other specifics differ depending on the courses' hosting agency.

## FREE RESOURCES

<http://www.aardvarc.org> AN ABUSE, RAPE, AND DOMESTIC VIOLENCE AID RESOURCE COLLECTION

<http://mcadsv.com/>

### National Health Resource Center on Domestic Violence

The National Health Resource Center on Domestic Violence is the nation's clearinghouse for information on the health care response to domestic violence and provides free technical assistance and materials to thousands of people each year. The Center is one of five specialized domestic violence resource centers in the country funded by the U.S. Department of Health and Human Services. [\[more...\]](#)

**Child Passenger Safety Resources (Toolkit)** (September 16, 2013) Website resources from Prevent Child Injury Website online: <http://www.preventchildinjury.org/resources-3/child-passenger-safety.aspx>

### Resource: Community Health Needs Assessment (CHNA)

The CHNA toolkit is a free web-based platform designed to assist hospitals and organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being. [Click here](#) to read more.



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